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ABSTRACT

This book on the social and psychological development of the infant (0-1 year) is designed for use in a foster parent training program. The book is divided into 5 parts. Part I briefly lists the expected social and psychological behaviors for each 2-month period of the infant's first year, suggests adult responses and guidance techniques appropriate for these behaviors, and points out behaviors which should cause concern at each age level. Part II offers a brief outline for instruction which includes a list of foster parent competencies and suggestions for teaching strategies to help foster parents develop these competencies. Part III discusses the social and psychological development of infants, providing background information for the instructor. Areas focused on include social development, emotional development, temperamental differences, sense of trust, and dimensions of early maternal care of infants. Part IV provides a set of true/false questions, with answers, for class discussion. Part V lists references and resources, including films, filmstrips, books and pamphlets, which can be used to supplement both the instructor's and the foster parents' study of infant development. (CM)

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SOCIAL

AND

PSYCHOLOGICAL DEVELOPMENT

OF

CHILDREN

0 to 1

FOSTER PARENT

CURRICULUM

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PS 010125

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0 TO 1

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INTRODUCTION

This book is part of a curriculum development series, created under a grant from the Office of Child Development in the Department of Family and Child Development at Kansas State University. Under the three-year grant a group of talented individuals has worked on part-time appointments. Directed by C.E. Kennedy, Ed.D., they have produced first a base book--*Foundations for Foster Parent Education*--and now the more specific curriculum materials.

This book is geared specifically to the social and psychological development of the infant. It is divided into five parts.

The first part, the "Infant Guide," attempts to outline the progression of social and psychological development of children to age one. It gives expected childhood behaviors and suggests how an adult should respond to these behaviors and what guidance techniques are appropriate. In addition, it points out causes for concern at each age level. Feel free to duplicate this guide as well as any other part of the book you feel might help your class.

Following the guide is Section II, the outline for instruction, which lists in order the foster parent competencies, which might be considered the goals of instruction. It also shows which information the instructor needs to read to have a knowledge base for helping foster parents to develop those competencies. And the outline includes teaching strategies that might be used, depending, of course, on the amount of time available. Emphasis of study is placed on group discussion and films rather than on reading or writing assignments. You might want to have resource people from your community come in to augment what is studied in class.

Section III is comprised of more detailed discussions of the social and psychological development of this age group and is the information most often referred to in the outline for instruction. At the end of Section III are summarized the temperamental differences to be found in infants and the different possibilities for positive responses for the mother.

The next section includes a blank discussion question unit, suitable for reproduction, and a teacher's guide to the appropriate answers to the discussion questions. Do not feel that the questions have to be tackled all at once. In fact, taking them one or two at a time could be more effective.

Section V includes references for this text, a list of films that might be useful in a study of children in this age group, some filmstrips that might be helpful, books that foster parents could use to supplement their study of infancy in general and of certain aspects of babies' development, and pamphlets which you or foster parents can obtain at little or no cost

I hope you find the materials easy to read and understand and that you, in turn, can translate this unpressured approach to the foster parents, many of whom may have been out of the school setting for a number of years. Working through to solutions on their own, under the guidance of someone who can point out the proper directions, can help foster parents feel less threatened by a training program.

Ivalee McCord

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INFANT GUIDE

Expected Behavior-Social	Appropriate Adult Behavior	Cause for Concern
AT BIRTH:		
Cries	Test reflexes. Comfort him and tend to his needs.	Jaundice Body too limp when picked up
BIRTH TO TWO MONTHS:		
Regards face; quiets when spoken to or picked up (one month) Smiles at people and sounds (two months)	Show him different expressions: smiling, frowning, opening eyes wide. Call him by name every time you pick him up. Smile at him. Tickle his stomach or the back of his neck very gently.	No vocalization Failure to adjust body to being picked up Failure to respond to sounds
TWO TO FOUR MONTHS:		
Develops special cry for hunger (three months) Gurgles and coos Laughs out loud (four months) Recognizes familiar adults (four months)	Give attention as soon as possible. Don't be afraid of spoiling him. A "cry" is his main way of communicating needs.	Failure to vocalize--squeal and laugh Lack of "affect"--mournful cry
FOUR TO SIX MONTHS:		
Discriminates strangers (five or six months) Makes consonant speech sounds Vocalizes while alone or with others	Introduce strangers in a familiar setting and with a familiar adult present. Play "peek-a-boo" and "patty-cake."	Failure to discriminate strangers Failure to make a variety of sounds

Expected Behavior-Social	Appropriate Adult Behavior	Cause for Concern
SIX TO EIGHT MONTHS:		
A great amount of vocal play Mother (or regular caretaker) very important Recognizes familiar voice Imitates sounds used in stimulation	Play "games." Imitate sounds he makes for "feedback." A familiar adult should provide care. Talk about activities as you bathe and dress him.	Lack of social response (Baby should be very responsive now.)
EIGHT TO TEN MONTHS:		
Imitates "bye-bye" Develops a patterned and "ryhthmic" speech General emotion is "happy"	Continue to provide a great deal of vocal stimulation. Let him know you enjoy him. Avoid unnecessary separations and frightening experiences.	Failure to respond Too much crying or "fretting" Even worse is a sad expression and failure to cry.
TEN TO TWELVE MONTHS:		
Reaches for familiar persons Likes an audience Responds to his name Recognizes self in mirror "Talks" to toys and people with long verbal pattern By 12 months usually has vocabulary of three words: "mama," "dada," "bye-bye" Knows meaning of "no"	Expose him to others in presence of familiar persons. Smile and "clap" at his antics. Always use his name. Provide a mirror. Teach names of body parts (eyes, nose).	

OUTLINE FOR INSTRUCTION OF UNIT

Competencies	Instructional Materials	Suggested Strategies
I. Foster parents should be able to recognize normal social-emotional behaviors.	I. Background material: "Infant Guide," first column; also read instructor's information Sections A and B.	I. Use either opaque projector or duplicated "Infant Guide" for each person. A. Discuss normal social-emotional developmental sequences from birth to one year. B. Show the film "How Babies Learn."
II. Foster parents should be able to describe positive adult responses to baby's crying.	II. Read instructor's materials, Section III, A-1.	II. Teach about crying. A. Discuss reasons for infant's crying. B. Discuss differences in types of crying--between infants and in individuals. C. Use role play to portray varied responses to baby's crying. Discuss.
III. Foster parents should be able to describe temperamental differences in babies, differences in adult caretakers, and the importance of a good "match."	III. Read instructor's materials.	III. Teach about temperamental differences. A. Present chart of temperamental differences of infants. B. Present scale of mother's positive responses. C. Discuss effects of a poor "match."
IV. Foster parents should be able to identify requirements of a good social-emotional climate in the home.	IV. Read instructor's materials.	IV. Teach requirements of good social-emotional climate. A. Have class develop a list of ways adults can help an infant meet his emotional needs. B. Discuss the effect of noise. C. Show film "The Infant and Society" or "Children's Emotions."

Competencies	Instructional Materials	Suggested Strategies
V. Foster parents should be able to identify major sequences in language development during the first year.	V. Read instructional materials for additional information.	V. Present chart of sequences of development.
VI. Foster parents should be able to provide language stimulation activities.		VI. Teach language stimulation. A. Role play adult talking to infant during routines of bathing or dressing. B. Show film "Happy Talk." C. Have audio tape of infant vocalizations.
VII. Foster parents should be able to define and explain the terms "attachment," "stranger anxiety," and "lack of affect."	VII. Read instructor's materials.	VII. Discuss the importance of having one caretaker as opposed to several; relate this to Erikson's "Sense of Trust."
VIII. Foster parents should be able to identify signs of regression in the foster infant.	VIII. Read "Cause for Concern" column in "Infant Guide."	VIII. Teach regression identification. A. Discuss emotions of fear, anger, apathy. B. Show film "Children's Emotions."
IX. Foster parents should be able to describe effective "guidance" procedures for the infant.	IX. Read instructional materials.	IX. Teach effective "guidance." A. Discuss effects of the environment--overstimulation and understimulation. B. Discuss the differences between the terms "discipline," "punishment," and "guidance."

Section III

INSTRUCTOR INFORMATION

DEVELOPMENT DURING THE FIRST YEAR

The view of the infant has changed dramatically in recent years. Not many years ago the infant was seen as a rather plastic organism who entered a world of "buzzing confusion." Now, it is being recognized more and more that there are wide differences in behavior and in reactions to the environment. There are active babies and quiet babies, with many variations in between. Babies not only are influenced by the environment but also act upon it. Also, infants appear to differ in sensitivity to various types of stimulation.

The infant's increasingly discriminating awareness of people, his differentiation of himself from his mother, and his responses to other people are significant aspects of his social development during the first year. Likewise, emotional reactions vary at the beginning and become more differentiated as the child matures.

Some infants cry or fuss at the least discomfort, whereas other rarely cry. Some infants lie quietly; others are constantly moving their arms and legs. These differences may cause the infant to develop in a certain way in interacting with the environment. They also may elicit quite different reactions from the mother or primary care-giver, depending on that person's temperament or expectations.

A. Social Development

We say that an infant begins to make social responses when he first reacts to other people with some recognizable and predictable sign that they are meaningful to him. In this sense crying is not a social response, but it is the infant's first type of communication to others.

CRYING

Crying is not a learned response, but a primary response to pain, cold, hunger, and various other kinds of discomfort. It is considered care-soliciting behavior. The baby enters the world totally dependent on others to meet his needs, and his only means of securing help is through crying. Failure to obtain needed help will result in diminished crying and, eventually, in loss of "affect" (emotional responsiveness).

Formerly, there was a mistaken belief that too ready a response to crying would result in a "spoiled" baby. On the contrary, if no one listens when he tries to communicate his needs, the baby may give up trying and withdraw into his own world. In addition, the baby should be given attention when he is happy so that he doesn't get attention only when he cries. It also is important for the adult to learn to "read" the meanings of different types of crying in order to interpret the expressed needs. An experienced adult who is sensitive to the baby soon learns to do this.

SMILING

Some persons believe that the first truly social response--the child's first response to another person--is the smile. This typically appears around the age of six to eight weeks as a response to the primary caretaker. During the first half year the infant will respond to any human face, especially when his smiling is reinforced by smiling, picking up, or cuddling on the part of the adult. Later the child will be able to discriminate discrepancies and usually will frown or cry at the sight of an unfamiliar face.

VOCALIZATION

Infants have a great deal of vocal behavior but no real speech. By three or four months of age the baby begins to vocalize a great deal. In the beginning this is principally a form of motor play. The speech organs of the future are used in breathing, eating, crying, cooing, and gurgling. All infants, regardless of their culture, are said to produce all the sounds used in any language and even some sounds not found in any language. The variety of speech sounds grows as the infant hears those around him speaking, but unimportant or unreinforced sounds soon drop out.

At about six months the baby usually will make such sounds as "da-da-da," "ba-ba-ba," and "ma-ma-ma." It is important to give "selective reinforcement" by feeding back some of the sounds he makes. Deaf infants start out babbling and making sounds just as normal babies do, but because their vocalizations are not reinforced by hearing themselves or feedback from adults, their amount of vocalization soon dimishes. It is also important for adults to talk to the baby when they care for him so that he begins to hear the rhythm and candence of speech.

It is nearly impossible to separate social and emotional development. When we speak of social interactions, we speak of emotionally loving and giving persons or cold and withdrawn ones. Only through social interactions are emotions even recognized, let alone responded to. Emotions may be thought of as pleasant and integrative or unpleasant and disintegrative.

It is believed that the infant associates the sound of his mother (or caretaker) with the fulfillment of his needs. Then he becomes alert to the sound of her voice and also learns that even if he makes sounds other than crying, he can get a response.

VISUAL RESPONSE

Under six months of age the infant will "respond" to any human face. The face is believed to be an especially important visual stimulus because of the contrasts it presents and the movement it expresses.

The mother or primary caretaker soon becomes identified or discriminated from others, and the child begins to form an attachment, wanting attention from this person and showing a fear reaction to unfamiliar persons. Another visual social response is the baby's response to his own image in a mirror; this occurs at about ten months of age.

PRIMARY ATTACHMENT

The infant seems to have a basic need for a person who is responsive to his distress signals--a need for comfort and for an interactive social partner. The kind of care that is given to satisfy the young infant's bodily needs also helps meet his needs for social, emotional, and cognitive development. Most authorities stress the importance of having one specific care-giver to whom the infant can form an attachment. Once this is formed, it is believed, the baby can relate to others more easily. In cultures where multiple mothering is available, this primary attachment seems to be less of a factor than it is in small family structures such as those in our culture.

B. Emotional Development

DIFFERENTIATION OF EMOTION

In one study quoted by McCandless, Bridges (1932) identified the discernible emotions present at birth as ones of either general excitement or distress. Later, between three and six months of age, the child's delight, anger, disgust, and fear become observable; elation and affection appear at around nine to twelve months. Watson (1919) suggested that there are three original emotions--love, fear, and anger--but his theory has been discredited, for the most part, by later studies. Sensitive instruments for recording the galvonic skin response and increased heart beat and respiration have made it possible to record evidences of a changed emotional state in the infant. The physiological changes which take place within the body under emotional stress seem to be the same regardless of the emotion experienced. The intensity of the emotion governs the activation of the autonomic nervous system, preparing the body for action. The appropriate facial expression for a given emotion seems to be learned later.

STRANGER ANXIETY

A fear reaction to strangers, which appears typically during the second half of the first year, is believed to be an indication of the baby's ability to make visual discriminations and thus to differentiate between the familiar and the unfamiliar. This type of anxiety may appear at a later period for an infant who is retarded and may not appear at all for an infant who has not developed an attachment to a primary care-giver.

SEPARATION ANXIETY

A great deal of emphasis has been placed on the importance for the infant of a close, warm relationship with the mother or mother substitute. Good maternal care is deemed essential for healthy personality development and for developing the basic sense of trust.

It would seem to follow logically that separation, once such a bond is established, would have adverse effects. Therefore, a maternal separation which involves a break after a meaningful relationship has been established--a loss of a significant loved person--can be expected to result in a reaction similar to mourning.

In evaluating the degree of anxiety experienced by the infant, a number of factors need to be considered. These would include the experiences before separation, the length of separation, and whether the child has experienced separation before. It is important, too, to consider the impact of the separation and the experiences that follow.

Frequently separation follows some other traumatic circumstances, such as the death of a parent or child abuse or neglect. Sometimes separation is associated with illness or hospitalization.

Separation that occurs after a period of indifferent or hostile care will have a very different effect than separation after the baby has been in a warm, protective environment. Evidence from a variety of sources indicates that after development of a focused relationship with the mother, infants show the most severe disturbance when they are separated. On the other hand, some children exposed to the dislike or indifference of their natural mothers gain rather than lose by separation, provided they move into a warm, loving environment. Many studies indicate that the provision of adequate substitute mothering following separation may lessen the effect of separation. Keeping routines and schedules as nearly similar as possible to those the child experienced earlier should help.

Even short-term separations, such as when a child goes to a child care center or when the mother is employed or goes to the hospital for a new baby, can cause anxiety in the infant. However, repeated short separations may help the infant learn that separation is not a final, long-term experience and that mother does return.

Studies indicate that although infants and young children may show immediate severe reactions to separation from the mother, it is not an event which necessarily will result in personality disturbance.

There is some evidence showing that individuals who are separated from their parents under one year of age may show more personality disturbance than those placed after age one. However, when children are placed in homes in which they can begin to form trusting relationships, many are able to work through the experience.

LACK OF LOVE

Babies who have experienced inadequate care or a hostile environment during the first year usually show a variety of symptoms, sometimes referred to as "hospitalism." Often they fail to thrive and gain weight, and they assume an appearance of hopelessness or grief. In the beginning they may cry excessively, but later they may appear not to show any emotion at all. Colic and allergies are much more common among "unloved" infants, though these also can be reactions to food or other factors in the environment.

ANGER

Anger is the distress that accompanies being unduly restrained or blocked in progress toward some goal. However, bodily restraint or swaddling is not likely to cause anger in young babies. In fact, it has the effect of quieting and soothing some very young babies. Anger is displayed more often when the baby is hungry, ill, or unduly restricted once he has started crawling. Anger can best be minimized for the young baby by a serene atmosphere, predictable routines, responsiveness to the baby's needs, and the proper balance of stimulation in environment.

C. Temperamental Differences

In studying the interaction of adults and babies, there usually is a reciprocal interaction effect: the temperament of the baby influences the kind of response he elicits from the caretaker, and the temperament of the caretaker likewise influences the type of response she makes. Child development authorities frequently have promoted the notion that an optimal emotional environment will automatically lead to healthy personality development. Now it is being emphasized that there is need for harmony and accommodation on the part of the adult.

In one study (Schaefer and Emerson) in which babies were classed as cuddlers or non-cuddlers on the basis of their reaction to physical closeness, most "cuddling" or strongly nurturant mothers were able to adjust their behavior to suit the infant. Rather than cuddling as such, adaptable caretakers were able to smile, rock, roughhouse, or play through the use of toys or games when this was more acceptable to the baby.

Some infant characteristics apparently are more attractive than others to some foster mothers, according to a study by Yarrow (1963). In this study involving 40 infants, he found reports of disturbed behavior in foster parents and foster infants who had been successful in previous, more harmonious pairings. Thus, it may be important to look for a "match" in baby and foster parents in placement unless the parents are able to make the adjustment required. Some caretakers may need skilled assistance rather than condemnation if the adjustment is difficult.

D. Sense of Trust

According to Erik Erikson, one of the basic developmental needs of an individual, a "Sense of Trust," should be established during the first year. If the environment and the people in it are dependable and predictable, the baby begins to develop a feeling that his world will meet his needs. Since he is entirely dependent upon others to take care of him, this period is a crucial one in the formation of his personality. An individual who learns this sense of trust is more likely to reach out to others. If he does not build it at this time, such a relationship may need to be established at a later time by some significant person in his life. Later events also may cause his sense of trust to falter or be broken, and the feeling will need to be restored.

E. Dimensions of Early Maternal Care

In an infant research project conducted by Leon J. Yarrow, under the National Institute of Mental Health, certain maternal variables were identified as being relevant in establishing an effective environment for an infant during the first six months of life. These are as follows:

Amount of Physical Contact - Children seem to adjust better, feel more secure, develop better when mothers spend a great deal of time in holding, playing and touching the infant.

Speed of Response - Mothers should respond to the infant's expression of need, his crying or discomfort, as promptly as possible. This does not "spoil" the child.

Soothing - The caretaker's responses to the infant's needs should result in calming or soothing the infant's tension -- food when hungry, dry diapers or warmth when uncomfortable, physical contact when upset. The ability of the caretaker to identify the source of the infant's tension and to relieve it is important.

Physical Closeness - The ability of the mother to handle the child closely in such a way that the child is comfortable, changing her position or grasp for the infant's needs is important.

Achievement Stimulation - The caretaker should encourage the infant by providing appropriate materials and experiences which encourage exploration and development.

Social Stimulation - The caretaker should spend time talking to the infant, responding to the infant's sounds and smiles, encouraging smiling and babbling.

Communication Stimulation - The caretaker should respond to the infant's efforts to communicate by vocalization or physical activity. Meeting the infant's needs when they are expressed stimulates the infant's desire to communicate.

Stimulus - Adaptation - The caretaker should provide experiences and objects which are appropriate for the infant's abilities, rather than expecting the infant to deal with experiences beyond this capacity.

Positive - Affective Expression - The caretaker should express positive feelings frequently toward the infant -- hugging, smiling, tickling, playing peek-a-boo.

Consistency - It is important for the caretaker to provide daily experiences, such as meals, naps, play time, at consistent times. Predictability of the environment generates a secure feeling in the child.

Emotional Involvement - The caretaker's identification with the child -- warmth sensitivity, concern -- are important.

Acceptance - Rejection - The caretaker must accept the infant regardless of his abilities/disabilities.

Individualization - The caretaker should be aware of the characteristics of a particular child and attempt to adjust herself as well as possible.

F. Temperamental Differences in Infants

Some infants seem to be "difficult" and some "easy." Usually what these terms refer to are temperamental differences in children. There is considerable evidence that, in fact, infants from birth possess their own particular temperamental characteristics, which tend to persist throughout childhood and beyond. This does not mean that the temperament remains exactly the same; they can be influenced by the responses of the caretaker. The caretaker should recognize those aspects of a particular infant's temperament which make it difficult or easy to care for him and should adjust her expectations and responses.

Stella Chess, in *Exceptional Infant*, Volume 1, edited by Jerome Hellmuth, describes nine temperamental qualities. Below are the nine qualities given and a description of the extremes which might be observed by a caretaker.

Activity Level - This refers to the physical movements of the child. Some infants move vigorously, kicking legs and throwing arms so much that it is difficult to bathe and dress them. Very active infants also may spend more time awake than other infants. At the other extreme, some infants sleep an unusual amount of time and are physically quiet when awake, spending their time looking aroung or holding an object for a long time. Both extremes of activity level are "normal." What is important is the caretaker's response to the infant. The very active infant may cause the caretaker to lose sleep or to get annoyed because the infant is uncooperative getting dressed. It is important to keep in mind that the response to the infant's temperament should take into account his temperament, and expectations should not be unreasonable. The inactive infant makes few demands but also may not get as much attention because he is quiet. The caretaker should not ignore him; she must make an effort to give attention.

Rhythmicity (biological regularity) - Some infants are hungry, eliminate, and sleep at the same times every day. Others are not so predictable. For the caretaker this may mean an adjustment is necessary, such as altering her schedule to adjust to the infant's rhythm.

Approach - Withdrawal - This refers to the way an infant responds to a new experience. Some have an immediate positive response; others have an immediate negative response -- crying angrily. The caretaker should take the particular infant's temperament into account when introducing new foods, new people, new toys, new places. Gradual changes with much reassurance may be necessary for the infant who tends to withdraw from new experiences.

Adaptability - In new situations some infants, though they react negatively in the beginning, adjust quickly. Others are extremely resistant to adaptation. The caretaker may need considerable patience with a highly resistant child. It is better to remain calm and not expect too swift a change from such infants. Forcing a new experience in the face of such resistance may increase the resistance, not help the adjustment.

Intensity of Reaction - This refers to the vigor or amount of energy the child responds with. This may be a negative or a positive response. When hungry, some infants scream and kick violently; some fuss a little, then wait patiently. When delighted, some infants kick and wave their arms and smile and coo, while some simply smile and look. These are both "normal." The caretaker must learn to interpret her own child's expressions and remain calm, regardless of the infant's intensity.

Threshold of Responsiveness - Some infants respond to events of very mild intensity. For instance, if a small object is dropped, the infant may "startle" or cry. Other infants may seem to ignore the event completely. The intensity of the stimulation needed to get a response will vary with the infant. Some cry as soon as their diaper is wet; some seem not to be bothered for hours. The caretaker should adjust her responses to the particular needs and responses of the individual child.

Quality of Mood - Infants vary in the amount of time they spend being happy, pleased, and friendly or unhappy, displeased, and unfriendly. Infants seem to have their own characteristic moods. The caretaker should become acquainted with her own particular child and not be disappointed if he is not constantly "happy" and not attempt to force him to play when his mood is unreceptive.

Distractibility - Some infants may be easily diverted from what they are doing by a sound or movement. They seem to be aware of all the extraneous stimuli regardless of their own activity. Other infants seem to ignore external events when they are busy in an activity. These are both "normal." The caretaker must recognize that it may be difficult to get the attention of some infants because they ignore distractions. Others may need a quiet, isolated environment in order to concentrate because outside events so easily distract their activity.

Attention Span and Persistence - This refers to the length of time spent in an activity. Some infants change activities quickly, losing interest in any one event after a brief time. Others persist with one activity for a long time and resist changing to another. The caretaker of an infant with a short attention span and little persistence should provide a variety of toys and experiences and not expect one activity to occupy him for long.

Section IV

DISCUSSION MATERIALS

Suggestions for the Instructor

1. Discuss all possible answers to a question *in class*.

2. Accept all comments without giving your own opinion in the beginning.

3. Ask for further suggestions or comments: "Does anyone else have an idea?" "How do you think this might have been handled?" "Why do you think the baby was like that?"

4. Discuss why a response may be "right" or "wrong." Do not be satisfied with simply a correct answer. Be sure parents know the basis for selecting one answer over another.

IV. A. Discussion Questions

CHECK YOUR UNDERSTANDING

Below are developmental expectancies for the *normal* infant with some of the adult's appropriate responses. Check *all* appropriate answers. There may be more than one.

1. By the age of two months the baby
   _____a. Will become quiet when picked up or spoken to.
   _____b. Can become spoiled if given too much attention.
   _____c. Will smile at people or sounds.
   _____d. Has a great deal of vocal play.

2. By four months of age a baby will
   _____a. Laugh out loud.
   _____b. Play peek-a-boo.
   _____c. Imitate sounds made by an adult.
   _____d. Recognize familiar adults.

3. By six months a baby will
   _____a. Speak three words.
   _____b. Discriminate strangers from familiar persons.
   _____c. Recognize himself in a mirror.
   _____d. Vocalize many speech sounds.

4. By eight months a baby will
   _____a. Play peek-a-boo and patty-cake.
   _____b. Know the meaning of "no."
   _____c. Recognize a familiar voice.
   _____d. Show a preference for familiar caretakers.

5. When an infant cries, the adult should
   _____a. Let him cry so as not to spoil him.
   _____b. Learn to differentiate the meaning of his various cries.
   _____c. Spank him.
   _____d. Attend to him as soon as possible.

6. To stimulate the child's language development, the adult should
   _____a. Talk to the baby while bathing, dressing, and attending him.
   _____b. Imitate sounds the baby makes to provide "feedback."
   _____c. Talk only in sentences.
   _____d. Give explanations for what you do.

7. To stimulate the infant's social development, the adult should
   _____a. Spend a lot of time playing with the baby.
   _____b. Provide a mirror for the baby.
   _____c. Expect babies to play together
   _____d. Expose the baby to a variety of people.

8. In understanding the infant's emotional development, the caretaker should know that
   _____a. Infants are born with a variety of emotional responses.
   _____b. The very young baby expresses mainly distress or satisfaction.
   _____c. The infant shows emotions of fear, rage, and aggression.
   _____d. Anger may develop when the adult is unresponsive to the infant's needs.

9. The adult's appropriate response to an infant's emotional expression should be to
   _____a. Ignore it. Let the infant know who's in charge.
   _____b. Try to provide a happy, calm environment.
   _____c. Isolate the baby if he shows anger or fear.
   _____d. Try to understand the needs and feelings of the infant.

10. The adult best provides "guidance" for the infant when
   _____a. He withholds food to make the infant mind.
   _____b. He provides a schedule fitted to the baby's natural rhythm.
   _____c. He provides a good model.
   _____d. The environment provides the proper amount of stimulation and relaxation.

11. The behavior of "attachment" in infants
   _____a. Is formed for the first adult the infant sees.
   _____b. Is stronger toward the adult who is very responsive to the infant's needs.
   _____c. Can be formed to more than one individual.
   _____d. Is formed for anyone who feeds the infant.

12. If a young infant is moved frequently from one caretaker to another,
   _____a. He will develop a sense of trust.
   _____b. His social responses are likely to be blunted.
   _____c. He may exhibit increased tension and developmental regression.
   _____d. He may never form an attachment.

13. A study of individual differences in babies indicates that
   _____a. There are relatively stable temperamental differences in young infants.
   _____b. An irritable, distractible baby can be changed quickly to a happy one if the environment is right.
   _____c. Mothers react differently to characteristics of different babies.
   _____d. Some infant characteristics are more attractive to some foster mothers.

14. Developing a sense of trust
   _____a. Ideally, occurs during the first year of life.
   _____b. Depends on having a dependable, consistent caretaker.
   _____c. Once established, cannot be changed.
   _____d. May never occur.

B. Instructor's Guide for Discussion Questions

1. Appropriate behavior at two months
   a. true — A normal baby usually anticipates having his needs met when the caretaker speaks to him or picks him up. The infant whose needs have not been met or whose needs have been met only erratically will not have developed his anticipation.
   b. false — Most authorities deny that a baby under six months of age can be "spoiled" by prompt attention to his cry. After all, crying is his only means of communication. If you don't attend to it, he may give up trying to communicate.
   c. true — The normal baby will smile by the age of two months. An unhappy, "unwanted" baby will not have achieved this milestone, so he will need a great deal of TLC (tender, loving care).
   d. false — Vocal play--cooing and gurgling--does not occur until around three or four months, but by four months of age, most babies, laugh out loud.

2. Four-month-old behaviors for normal development
   a. true — See question one, answer d.
   b. false — The baby will not yet play this, but it is time for the adult to begin such games.
   c. false — The baby cannot pick up and discriminate sounds yet, but adults should "feedback" the sounds he is being to make.
   d. true — By four months, most babies can recognize one or two familiar adults if they have been the principal caretakers.

3. Normal behaviors of six months
   a. false — This is the level of development expected at 12 months. Sounds similar to words are accidental at this time. It is no coincidence that certain words are similar in many languages, since initital sounds produced by young babies include "ma-ma-ma" and "da-da-da." Through "selective feedback" these do become first words.
   b. true — "Stranger anxiety" is a common characteristic during the second half of the first year, especially if caretaking has been done by one or two familiar (and now preferred) persons. It is less likely to occur with "multiple mothering." This represents an increasing cognitive ability to see a discrepancy from the familiar.
   c. false — This will occur later, at about 10 months, for most babies. At that time they will gaze at their own reflections for fairly long periods.
   d. true — At this time the baby can make most of the sounds used in any language. They will be refined later. Some articulation sounds, however, do not come in until six or seven years of age.

4. Behaviors expected by eight months
   a. true — If he has been played with, the baby will respond and play games, receiving a great deal of pleasure from them.
   b. false — Although the baby usually is aware of others' displeasure from the tone of voice and the facial expression, he has little understanding of the real meaning of "no." His own needs are paramount, and he has no awareness of others' needs or of dangers from the environment.
   c. true — This should represent not only social development but also intellectual advancement as well. Failure to discriminate may represent lack of social interaction and lag in mental development.
   d. true — Especially if caretaking is done by one or two.

5. Adult response to infant's crying

a. false — Do not let him cry for any length of time. Also, play with him and take care of him when he is not crying so he doesn't have to cry for all his attention.

b. true — A responsive adult soon can learn to hear the difference in a "hunger" cry, as well as in other types.

c. false — Spanking has no place in caring for an infant. If his crying is too prolonged and nothing seems to help, get someone to assist in trying to meet his needs. You may need to get away and rest and relax, but don't loose your temper on the baby.

d. true — This is best.

6. Stimulation of the child's language development

a. true — The adult should provide a great deal of language. Even though the infant cannot understand, he will imitate the "rhythm" of speech patterns.

b. true — Through getting such selective reinforcement, the baby begins to retain important sounds for the language of his own culture.

c. false — This is not necessary until later. The baby is learning words and speech patterns. Short sentences can be useful, but babies often express a whole idea with one word: "Drink" means "I want a drink." "Bye-bye" means "Let's go bye-bye."

d. true — This is a good idea. It is especially useful for an anxious or impaired child. Such explanations as "Now it's time for your bath" and "Your bottle is almost ready" help the infant learn sequences as well as language.

7. Stimulating social development

a. perhaps — This depends. Some babies need more attention. Others are content to be close by when you work. A short "peek-a-boo" as you pass can keep the baby interested. Remember, quality of time is more important than quantity. You should have happy experiences together.

b. true — This is good for social and cognitive development. An unbreakable mirror on the side of the bed will hold the baby's attention.

c. false — Babies may like to be around another baby. However, they do not play together in any true sense of the word. They will be curious and may get "rough" so don't leave them unattended.

d. true — A baby who is exposed to others in the presence of a familiar adult is less apt to be afraid or shy with strangers.

8. Emotional development of the infant

a. false — The infant has limited emotional responses; he usually expresses only distress or comfort in the beginning.

b. true — Bridges, who charted the sequences of emotional development, listed only comfort or distress as discernible at the beginning.

c. false — This was an early belief of the psychologist John Watson, but more recent studies have failed to support it.

d. true — The infant whose needs are unmet may express anger at first. Later, he may give up and lose all affect (emotional responsiveness).

9. Appropriate adult response

a. false — The infant is trying to communicate a message. The adult should try to understand what it is.

b. true — A happy, calm atmosphere is more soothing, even to the irritable infant.

c. false — The infant needs help and understanding, not isolation.

d. true — Empathy for how it feels to be little and helpless is needed here.

10. Providing adult "guidance"

a. false — Withholding of any of the physiological needs of the child should never be practiced. All the young infant understands is that he is comfortable or uncomfortable.

b. true — During his early infancy it is important to adjust to the baby's own rhythm as much as possible. Later he can wait longer and adapt somewhat to needs of other family members.

c. true — The baby will tend to get cues about emotional tone and social responsiveness from his caretaker. Although there are individual differences, a happy, relaxed atmosphere is more likely to produce a happy, relaxed infant. A caretaker who is responsive and talks to the infant helps develop the child's language.

d. true — This is often called "environmental guidance." If the environment is too "sterile," the baby may be bored and apathetic; if it is too stimulating and noisy, he may be restless and irritable.

11. Attachment behavior

a. false — Attachment requires a responsive, caring adult.

b. true — The child's attachment depends on the degree to which he perceives the adult values him, i.e., is responsive to him.

c. true — Anyone who cares for the child on a regular basis and is responsive can be the object of attachment, though attachment usually is limited to a few special persons.

d. false — Feeding is less important (as shown by Harlow in studies with monkeys) than the holding, smiling, and responsiveness by the adult.

12. Changing caretakers frequently

a. false — The infant needs a continuing experience with the same person or persons in order to build trust.

b. true — It seems important for a baby to be able to relate to only a few caretakers and to form a strong bond. Also, the caretaker learns to interpret the infant's needs better.

c. true — Infants raised in an institution with a variety of caretakers do not develop as well as those having a limited number of constant and consistent caretakers.

d. true — Some infants raised in institutions neither form an attachment nor build a sense of trust.

13. Individual differences in baby characteristics

a. true — Individual temperamental differences in babies are apparent from the beginning and are relatively stable over time.

b. false — He can be helped by proper care, but some babies seem "difficult," regardless of how they are handled.

c. true — It is important to try to get a "match." Some mothers can't cope with a very active baby or a "fussy" one.

d. true — A research study (Yarrow) supports this.

14. Developing a sense of trust

a. true — Erikson believes this is the critical time for developing a sense of trust.

b. true — Consistent, continuous experiences lead the infant to feel safe and comfortable because he knows his needs will be met.

c. false — The breaking of trust by a "significant person" can cause a broken sense of trust at any time.

d. true — If there is no strong, dependable person in a warm, caring relationship, the individual may never develop a sense of trust.

Section V

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B. Films

(Those labeled K.D.H.E. are available in Kansas Free from Kansas Department of Health and Environment).

Abby's First Two Years: A Backward Look. 30 minutes. b/w. New York University Film Library.

Shows physical and behavioral changes during the first two years.

Happy Talk. 17 minutes. Color. The Infant Care Project, University of North Carolina at Greensboro, 1972. (K.D.H.E.)

Shows interaction of caregiver and infant during daily routines.

How Babies Learn. 33 minutes. Color. New York University Film Library, 1965. (K.D.H.E.)

Shows development during the first year and influences of physical and interpersonal environment.

Infancy. 20 minutes. b/w. Holt, Rinehart and Winston.

Discusses behavior and cognitive patterns of the infant.

The Infant and Society. 44 minutes. Video Nursing, Inc.

Discusses social and environmental factors of the socialization process of the infant.

Teach a Child to Talk. 16 minutes. Color. 1963. (K.D.H.E.)

Parent-child relationships which lead to the child's learning to talk.

C. Filmstrips

The First 18 Months: From Infant to Toddler. Parent's Magazine, 52 Vanderbilt Avenue, New York, N.Y. 10017, 1974. (5 strips, plus record, dicussion guide, booklet)

1. "The New Arrival"
2. "Discovering the World"
3. "Making Friends with the Family"
4. "First Steps, First Words"
5. "A Time for Adventure"

D. Books for Foster Parents on Infancy

Czuchna, Gordon. "Teach Your Child to Talk"

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Spock, Benjamin. *Baby and Child Care.* Pocket Books, Inc. (Paperback).

E. Free or Inexpensive Pamphlets

1. The following pamphlets can be obtained free for Kansas residents from the Kansas Department of Health and Environment, Health Education Services, Forbes Air Force Base, Building No. 740, Topeka, Kan. 66620. If you live in another state, check your State Department of Public Health for similar services and resources.

Child Care
"Behavior--the Unspoken Language of Children"
"Your Child from 1 to 6"

Child Training Series
"Baby Talk"
"Bed-Wetting"
"Building Self-Confidence"
"Distructiveness"
"Discipline"
"Play and Playmates"
"Preparing Your Child for School"
"Sex"
"Shyness"
"Fear"
"Jealousy"
"Lying and Stealing"
"Nervous Habits"
"Obedience"
"Shaping Habits"
"Stuttering"
"Temper"
"Thumb Sucking"

Ross Laboratory Series
"The Phenomena of Early Development"
"Your Baby Becomes a Toddler"
"Your Child and Sleep Problems"
"Your Child and Discipline"
"Your Child's Fears"
"When Your Child Is Contrary"

2. Children's Bureau publications, available from Government Printing Office, Washington, D.C. 20402.

No. 8 "Infant Care." $.20.
No. 30 "Your Child from 1 to 6." $.20.
No. 324 "Your Child from 6 to 12." $.20.
No. 337 "A Healthy Personality for Your Child." $.20.
No. 384 "Your Children and Their Gangs." $.20.
No. 400 "Your Baby's First Year" $.30.
No. 413 "Your Child from 1 to 3." $.20.
No. 446 "Your Child from 3 to 4." $.30.

3. The following can be ordered from Johnson and Johnson, New Brunswick, N.J. and are free.

"Baby Care." 1973.
"Baby's Eating and Sleeping Habits." 1972.
"Discover a Better Way to Diaper a Baby." 1972.
"Keeping Baby Clean." 1972.
"A Safer World for Babies and Toddlers." 1972.
"When Baby is Ill." 1972.

4. "Play and Your Child's Development"

A booklet about appropriate toys and games for children and adolescents. Order C-328 from Cooperative Extension Service, Kansas State University, Manhattan, Kan. 66506